

# Introducing Medicare Part D and Limited Income Subsidy



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## The Medicare Part D Voluntary Prescription Drug Benefit

One of the biggest concerns for people with Medicare is paying out of pocket for prescription medications. The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) established a voluntary prescription drug benefit for people with Medicare called Medicare Part D. Medicare Part D begins on January 1, 2006.

### Who is Eligible for Medicare Part D?

In order to be eligible for Medicare Part D, an individual must:

- Be entitled to Medicare Part A (hospital insurance), and/or enrolled in Medicare Part B (medical insurance),
- Reside in a prescription plan service area, and
- Enroll in a Medicare prescription drug plan.

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## Standard Coverage

Most people with Medicare will have to pay a share of their prescription drug costs - others (including AHCCCS recipients and people in our Medicare Cost Sharing Programs) will qualify for a Limited Income Subsidy (LIS) that will pay a part or all of the cost sharing - we will cover the LIS program in detail later in this guide.

Here is how the basic prescription coverage works for those who are eligible for standard coverage:

- ⇒ \$37 monthly Part D premium (estimated).
- ⇒ \$250 annual deductible.
- ⇒ Once the deductible is met, the person pays 25% of prescription costs (Part D pays 75%) until the annual prescription costs exceed \$2,250.
- ⇒ The person pays 100% of prescription costs between \$2,250 and \$5,100 (called the "coverage gap" or "donut hole").
- ⇒ Once the individual's Part D costs exceed \$5,100, co-pays are \$2/\$5 or 5% of the price of the prescription, whichever is higher. This is referred to as catastrophic coverage.

## How Medicare Part D Prescription Coverage Will be Provided

People with Medicare will need to select and enroll with a Part D plan to receive the Medicare Part D prescription coverage. The Centers for Medicare and Medicaid Services (CMS) is currently evaluating bids submitted by organizations that would like to become Part D plans - but contracts will not be awarded by CMS until September. This means that we do not yet know which plans will be available in Arizona.

### Prescription Drug Plan (PDP)

One type of plan is a Prescription Drug Plan (PDP). A PDP must cover the entire state of Arizona and must not be a government agency. The PDP is like a HMO, except the services are limited to prescription drugs. PDPs will not cover any services except prescriptions.

### Medicare Advantage Plans (MA-PD)

Beginning in January 2006, Medicare Plus or Choice plans will be called Medicare Advantage (MA) plans. These plans are required to provide Part D prescription drug coverage. The Medicare Advantage plan will be known as an MA-PD. MA-PD plans are HMOs that manage the entire Medicare benefit, including Part D. MA-PD plans cover inpatient care, durable medical equipment, primary care, etc.



## **How Medicare Part D Prescription Coverage Will be Provided, continued**

### **Special Needs Plan (SNP)**

Special Needs Plans are MA-PD plans that CMS has certified to serve members with special needs, like dual eligibility for Medicare and Medicaid.

Six AHCCCS health plans are taking steps to become a Medicare Special Needs Plan:

- APIPA (Arizona Physicians, IPA)
- MCP (Mercy Care Plan)
- PHP (PHP/Community Connection)
- HCA (Health Choice Arizona)
- Care 1<sup>st</sup>
- EverCare Select.

Individuals enrolled in an AHCCCS Health Plan may get their Medicaid, Medicare and Part D prescription drug services all from the same health plan. A significant number of dual eligible customers are enrolled with these AHCCCS health plans.

### **Employer Plans for Retirees**

Medicare is working with employers to help keep the coverage people with Medicare have through a current or former employer. Employers will receive incentives to continue providing retiree group coverage.

## Requirements for All Part D Plans

The following guidelines apply to all plans:

- Must offer a minimum, contracted standard benefit.
- MA-PDs and SNPs may choose to offer enhanced (supplemental) benefits, sometimes for a higher monthly premium.
- The plan will decide which drugs will be covered, called their formulary. CMS must approve all formularies. CMS has issued guidance for formularies.

## Coverage Area

Each plan will have specific service areas based on the type of plan:

- Prescription Drug Plans will provide Part D services to the entire state of Arizona. People with regular Medicare must have at least two PDPs to choose from.
- Medicare Advantage Prescription Drug plans will provide Part D services to the people with Medicare who enroll with them in their contracted service area.
- Special Needs Plans will provide Part D services to people with Medicare who enroll with them in their contracted service area and who are either
  - ✓ Dual eligible, or
  - ✓ Reside in a nursing facility



## Information About The Part D Plans Formulary

The list of drugs covered by a plan is called a formulary. CMS intends to review formularies to ensure inclusion of a broad range of therapeutic categories and classes. CMS requires a plan to have a formulary that contains at least 2 medications in each approved category, regardless of the classification system utilized. For six classes of drugs, CMS requires all or substantially all drugs in the class to be in the formulary. Those classes are:

- Antidepressants
- Antipsychotics
- Anticonvulsants
- Antiretrovirals
- Antineoplastics
- Immunosuppressants

Part D plan formularies will be posted via link on the Medicare.gov website and the Part D plan web site in October 2005. These are resources to use when assisting a person in evaluating Part D plans.

**This is important:** Not all medications are covered by all Medicare drug plans. This may be a very important consideration when selecting a plan.

## What's Not Covered by Part D Plans?

Some drugs are excluded from coverage by Medicare drug plans. These include drugs for anorexia, weight loss or weight gain, fertility, cosmetic purposes or hair growth, symptomatic relief of cough and cold, prescription vitamins and mineral products (except pre-natal vitamins and fluoride preparations), non-prescription drugs, and barbiturates and benzodiazepines. If medically necessary, the Medicare prescription drug plan or AHCCCS health plans may cover some of these excluded drugs.



## Formulary Exception and Appeal Process

Each plan is required to have a process for handling requests for exceptions to their formulary when a medically necessary drug is not included on the formulary for the plan the individual has selected.

Medicare Part D recipients have several options if a medication is denied by the Medicare drug plan:

1. Request an exception
2. Request a redetermination
3. Appeal

Beneficiaries will be informed of the appeals process at enrollment and when they receive a notice of coverage denial.

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## Enrollment

**The Initial Enrollment Period (IEP)** begins on November 15, 2005 and extends to May 15, 2006 for people who are currently Medicare eligible or who will become eligible November 2005 through February 2006.

For those who are not already eligible as described above, the Initial Enrollment Period is 7 months (begins 3 months before the month of eligibility, includes the month of eligibility, and extends 3 months after the month of eligibility). This is similar to the initial enrollment period for Medicare Part B.

**The Annual Coordinated Election Period (AEP)** is like the AHCCCS annual enrollment period. People with Medicare can enroll or change plans at this time. For the first year the AEP is the same as the IEP (November 15, 2005 - May 15, 2006). For future years (beginning in 2006) the AEP will be November 15 - December 31 of each year.

**A Special Enrollment Period** applies when exceptional circumstances occur including:

- Permanent move out of the plan service area
- Involuntary loss of creditable coverage
- An individual enters or leaves a long term care facility:

**\*\* Dual Eligible members are always eligible for special enrollment\*\***

**Note:** Generally, long-term care facilities contract with one long-term care pharmacy to supply the prescription drugs needed by the residents. CMS is strongly encouraging the LTC pharmacies to join the network of all prescription drug plans in their areas so people won't have to change prescription drug plans should they need long term care services. However, entering and leaving a long term care facility has been identified as an event when a person can change plans if they need to.

## **What Happens if the Individual Postpones Enrollment?**

In most cases it is in the individual's best interest to enroll as soon as eligible. We will talk about an exception in the case of "creditable coverage" below.

Remember this program is voluntary, and an individual can choose NOT to enroll in a Medicare drug plan. But if that individual chooses to enroll later the premium will increase 1% for each month the customer could have enrolled, but didn't - unless he/she has "creditable coverage".

**Dual eligible members who opt out of Part D will not be eligible for Part D covered prescriptions through AHCCCS.**

## **What is Creditable Coverage?**

An individual is considered to have creditable coverage when he/she has health insurance that provides as much or more prescription coverage than a Medicare prescription drug plan. Some examples of people who have creditable coverage may include group health plans (including employer plans for retirees), those eligible to receive prescriptions from the Veteran's Administration (VA), military medical coverage through TRICARE, or IHS.

When an individual has creditable coverage, there is no penalty assessed for not enrolling in a Medicare drug plan when eligible. An individual with creditable coverage should receive a notice from the source of the current drug coverage indicating whether or not it is creditable coverage.

## How Do People with Medicare Know About Medicare Part D?

CMS and the Social Security Administration (SSA) will be conducting outreach throughout the country. CMS has already started a media campaign to get the word out to the 43.1 million people with Medicare. CMS also has published information on their web site at [www.medicare.gov](http://www.medicare.gov), and they have expanded their phone bank to answer calls at 1-800-Medicare (1-800-633-4227)

In addition, SSA is meeting with and training community groups who can provide assistance to people with Medicare who may need help understanding how Medicare Part D works.

Although SSA is responsible for marketing, notification and assistance for Medicare Part D, you may receive calls from customers asking for clarification or additional information.

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## The Limited Income Subsidy (LIS) Program

As part of the Medicare Modernization Act, the Federal government created the Limited Income Subsidy program (LIS) to help people with Medicare with their prescription drug costs.

LIS is designed to provide assistance to certain people with Medicare who have limited income and resources. Eligible people will receive full or partial assistance with Part D premiums, deductible and co-pays for prescription drugs.

There are three groups of people who fall into the LIS category:

- ★ Dual Eligibles - these are individuals that receive both AHCCCS and Medicare benefits. These customers will automatically be eligible for the LIS.
- ★ Deemed Eligibles - these are individuals for whom AHCCCS pays Part B premiums, and some copays and deductibles, but do not have other Medicaid benefits. They are known as Qualified Medicare Beneficiary only (QMB only), Specified Low-income Medicare Beneficiary (SLMB) or Qualified Individual-1 (QI-1). They are also known as the Medicare Cost Sharing population. These customers will also be automatically eligible for the LIS.
- ★ Other individuals whose income is less than 150% FPL with limited resources.

## How Does The MMA Affect AHCCCS Recipients?

On January 1, 2006, AHCCCS will lose most federal funding to provide prescription coverage for people with Medicare. This means that beginning in January 1, 2006, people with Medicare on AHCCCS must receive prescription coverage through Medicare Part D - not AHCCCS. If an AHCCCS dual eligible does not enroll in Part D (or disenrolls if they are automatically enrolled) they may not obtain drug coverage from AHCCCS. There are some limited situations in which Medicaid or state only funds can cover prescriptions for Medicare eligibles. This will be discussed later.

The following pages will focus on how Part D Medicare works for people with Medicare who receive AHCCCS Medical Services or Medicare Cost Sharing.

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## Dual Eligibles

Dual eligibles are people who are eligible for both Medicare and AHCCCS.

This group includes all customers who have Medicare and also receive AHCCCS Health Insurance (ALTCS, SSI-MAO, AHCCCS for Families and Children (through DES), AHCCCS Freedom to Work and any QMB/Dual).

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## How Does Medicare Part D Work for Dual Eligible Customers?

- **No Medicare Part D monthly premium.** If the customer enrolls in a prescription drug plan that requires a premium above the standard amount, the customer is responsible to pay the difference.
- **No annual deductible.**
- **No coverage gap.**
- **Maximum co-pays based on income.**
  - \$1 for generic, \$3 for brand name if income is  $\leq$  to 100% FPL
  - \$2 for generic, \$5 for brand name if income is  $>$  100% FPL
- **No Co-Pays once the total prescription costs reach the catastrophic limit of \$5,100**

Savings Comparison of Out-Of-Pocket Costs		
Part D Expense	Standard Part D*	LIS Dual Eligibles
Premium	\$37/month	\$0
Annual Deductible	\$250	\$0
Prescription Co-Pay	25% when prescriptions costs are \$250 - \$2,250 (maximum \$500)	Maximum of \$1/\$3 if income $\leq$ 100% FPL
	100% when prescription costs are \$2,250 - \$5,100 (\$2,850)	OR
	\$2/\$5 or 5% when prescription costs exceed \$5,100 (catastrophic coverage)	Maximum of \$2/\$5 if income $>$ 100% FPL

\*Out of pocket costs for Standard Part D totals \$3,600 before catastrophic coverage applies.



## Enrollment for Dual Eligibles

On or about October 1, 2005 dual eligibles will be auto enrolled in a Part D plan that will begin covering their prescriptions on January 1, 2006. Dual eligibles have the opportunity to change to another plan at any time. There is no annual enrollment restriction.

Individuals who become a dual eligible after 10/1/05 may enroll in a Part D plan from November 15, 2005 - December 31, 2005. However, if no selection is made by December 31<sup>st</sup>, Medicare will automatically enroll the individual in either an MA-PD, a SNP or a PDP.

## Important Dates for Medicare/AHCCCS Dual Eligibles

CMS is sending out several notices to dual eligibles to let them know about the changes in their prescription drug coverage. There are 90,733 dual eligible customers in Arizona that will receive the following notices:

- In May 2005 - CMS informs dual eligibles that they are automatically eligible for limited income subsidy because they receive both Medicare and Medicaid. They do not need to apply.
- In September 2005 - AHCCCS will send a notice telling the dual eligible customers to watch for the next mailing from CMS - and reminding them to enroll or be auto-enrolled.
- In October 2005—CMS will send dual eligibles a notice to tell them they are auto enrolled, the name of their prescription drug plan, and give them an opportunity to change the prescription drug plan.

## How Can Dual Eligibles Prepare For Changes In Prescription Drug Coverage?

If the individual happens to have other health insurance that covers prescriptions, he/she should be receiving a notice from the health insurance carrier about whether current prescription benefits are considered creditable coverage. If not, he/she can contact the other insurance to find out if the coverage is comparable to Medicare Part D. The Federal government has notified health insurance companies that many of their customers will be requesting this information. The customer should not have problems getting this information.

Once the Prescription Drug Plans are selected by CMS in September, people with Medicare will receive additional information about how the plans will work and which medications will be covered by each plan.

**Part D Plans are responsible for transition planning for all dual eligible members who select their plan. Members can assist this process by having information about their current prescriptions.**

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## Who Are Deemed Eligibles?

Deemed eligibles are people who are eligible for Medicare and are also enrolled in a Medicare Cost Sharing Program. AHCCCS pays their Part B premiums, and some copays and deductibles, but they do not have other Medicaid benefits. They are not enrolled in Acute Plans or Program Contractors. They may be served by RBHAs.

This group includes all customers who have Medicare and also receive QMB only, SLMB, or QI.

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## How Does Medicare Part D Work for Deemed Eligible

### Customers?

- **No Medicare Part D monthly premium.** If the customer enrolls in a prescription drug plan that requires a premium above the standard amount, the customer is responsible to pay the difference.
- **No annual deductible.**
- **No coverage gap.**
- **Maximum Co-Pays based on income.**
  - \$1 for generic, \$3 for brand name if income is  $\leq$  to 100% FPL
  - \$2 for generic, \$5 for brand name if income is  $>$  100% FPL
- **No Co-Pays once the total prescription costs reach the catastrophic limit of \$5,100**

Savings Comparison of Out-Of-Pocket Costs		
Part D Expense	Standard Part D*	LIS Deemed Eligibles
Premium	\$37/month	\$0
Annual Deductible	\$250	\$0
Prescription Co-Pay	25% when prescriptions costs are \$250 - \$2,250 (maximum \$500)	Maximum of \$1/\$3 if income $\leq$ 100% FPL
	100% when prescription costs are \$2,250 - \$5,100 (\$2,850)	OR
	\$2/\$5 or 5% when prescription costs exceed \$5,100 (catastrophic coverage)	Maximum of \$2/\$5 if income $>$ 100% FPL

\*Out of pocket costs for Standard Part D totals \$3,600 before catastrophic coverage applies.

## Enrollment For Deemed Eligibles:

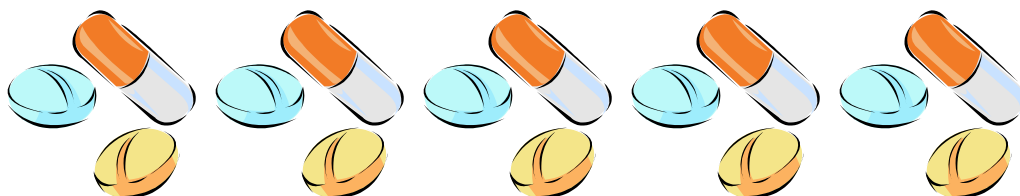
Deemed eligibles are expected to choose a Part D plan on their own.

- If the customer enrolls by December 31, 2005, his/her coverage will be effective January 1, 2006.
- If the customer has not selected a plan by May 15, 2006, CMS will auto enroll deemed eligibles into a Part D plan, and the Medicare Part D Prescription drug coverage will not begin until 6/1/2006.

## Important Dates for Medicare/AHCCCS Deemed Eligibles

CMS is also sending out several notices to deemed eligibles to let them know about the changes in their prescription drug coverage. There are 22,885 deemed eligible customers in Arizona that will receive the following notices:

- In May 2005 - CMS informs deemed eligibles that they are automatically eligible for limited income subsidy because they receive both Medicare and are eligible for a Medicare Cost Sharing Program.
- In May 2006 - CMS will send a notice to those deemed eligibles who have not already enrolled to tell them they are auto enrolled and give them one opportunity to change the prescription drug plan.



## People Who Get "Extra Help"

People who do not receive AHCCCS Health Insurance, QMB, SLMB or QI-1 may also qualify for a limited income subsidy, but they have to apply for this help with the Social Security Administration.

## What Is the Part D Subsidy for Others with Limited Income and Resources?

The subsidy will be based on income and resources levels determined by SSA.

The premiums are based on a sliding scale, and the deductibles and co-pays are based on the level of income and resources.

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## Social Security Outreach

SSA is working to identify people with Medicare (excluding those persons already receiving AHCCCS or Medicare Cost Sharing) who may be eligible for the Limited Income Subsidy (LIS) Program, and will send out applications directly to those individuals.

- ☒ 20 million applications nationwide.
- ☒ 363,000 applications in Arizona.
- ☒ 211,000 applications in Maricopa County

SSA will also train state and local agencies and community organizations how to help people with Medicare understand and apply for the Medicare Limited Income Subsidy. (Refer to the Medicare Part D Enrollment and LIS Contact List).

## Important Dates

May - August 2005      The Social Security Administration will mail applications for "extra help" to people with Medicare who are potentially eligible.

July 2005                The Social Security Administration's online application will be available to the public and Social Security will begin processing the LIS applications and issuing notices to beneficiaries. This will be an ongoing process.

## How Do Customers Apply For This “Extra Help”?

Beginning in May 2005, the Social Security Administration (SSA) will mail applications with postage paid return envelopes to people with Medicare who may be eligible for extra help to help pay for Medicare prescription drug costs.

**Warning:** These are scannable applications that must be completed using black ink or a #2 pencil, and the numbers, letters and Xs must be inside the boxes. **Do not date-stamp a scannable application—write the date in the box marked “For Official Use Only using MM/DD/YY format.**

The completed paper application and should be mailed to:

Social Security Administration  
Wilkes Barre Data Operations Center  
P O Box 1020  
Wilkes Barre, PA 18767-9910

Or, the application may be completed on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov).

Customers can also apply by telephone with a Social Security Representative by calling 1-800-772-1213.





## Who Can Help Complete an Application?

In addition to the applicant himself/herself, there are several individuals who can help the person with Medicare complete the application, these individuals include:

- A personal representative,
- A spouse,
- An adult child,
- A caregiver,
- Advocacy groups,
- A friend,
- State employees,
- Case Managers,
- RBHA Staff,
- **ANYONE!!!**

## The Application Process

### Verification

Once the application has been submitted, the Social Security Administration uses the following means to obtain verification.

- Client statement
- The use of data matches (e.g., IRS, RR, County Recorder)
- Limited follow up with the customer

### How Does Eligibility Work?

There are income and resource limits for the LIS program. The income and resources of the applicant and spouse, if married and living together, are counted in the determination.

## The LIS Application Process, continued

The Social Security Administration will notify the LIS eligible person of their eligibility for the subsidy and the amount of help they will receive.

### Limited Income Subsidy Enrollment

Once SSA determines that an individual is eligible for the LIS program, he/she will need to enroll in a Part D plan.

A LIS eligible person who is approved by May 15, 2006, and does not select a Part D plan, will be auto-enrolled by CMS effective June 1, 2006,

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## Your Role in the Medicare Modernization Act and Limited Income Subsidy program:

1. Be prepared to answer questions from the people you serve and the people in their life.
2. Help non-dual or deemed eligible customers apply for Limited Income Subsidy with SSA.
3. Assist customers in evaluating the part D plans formulary so the member can decide which Part D plan best meets their needs.
4. Direct customers who have questions about enrollment with a Part D plan to other available sources for information and help.

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## Terms and Acronyms

<b>Application</b>	The process by which a person files an application with the Social Security Administration (SSA) for extra help with Part D premium, deductible, <i>coverage gap</i> and. co-payments. This is called the <i>Limited Income Subsidy (LIS)</i> . The Social Security Administration refers to LIS as “Extra Help”.
<b>Catastrophic Coverage</b>	Catastrophic Coverage begins once a person has incurred \$5,100 in Part D prescription expenses during a calendar year. For a Medicare recipient who is not eligible for a Limited Income Subsidy, the out of pocket expense will be \$3,600, not counting the monthly premium. When the catastrophic limit is reached: <ul style="list-style-type: none"> <li>• The \$1/\$3 and \$3/\$5 co-pays for dual, deemed and Limited Income Subsidy eligibles are reduced to zero.</li> <li>• The 25% co-pays for other people with Medicare are reduced to <b>\$2.00</b> for generics, <b>\$5.00</b> for brand name, or <b>5%</b> of drug costs, whichever is higher.</li> </ul>
<b>Clawback</b>	State Medicaid agencies are required to pay CMS for part of the Medicare Part D costs for dual eligibles. The amount of the State’s contribution is based on the state’s prior costs for covering prescriptions for the dual population. The amount of the state’s contribution is phased down over the next 10 years. This is called “clawback”.
<b>CMS</b>	This means the Center for Medicare and Medicaid Services. CMS has oversight responsibility for implementing the new Medicare Part D changes. Their primary roll is with the enrollment process. This includes approving the contracts and marketing for the participating prescription drug plans, and communicating the information about the new Medicare benefit and enrolling in a plan to the 43.1 million people in the USA with Medicare.
<b>Coverage Gap</b>	Coverage Gap is the amount of prescription costs that are not covered by Part D for persons who are not eligible for a limited income subsidy. These individuals receive no assistance with the \$2,850 annual prescription costs between \$2,250 and \$5,100. See <i>catastrophic coverage</i> .
<b>Covered Drugs</b>	Covered drugs are prescription drugs that are on the prescription drug plan’s <i>formulary</i> and which will be provided to individuals enrolling in that plan, if medically necessary.
<b>Creditable Prescription Coverage</b>	Creditable prescription coverage is health insurance that offers prescription coverage at least as good as Part D. Some potential sources of creditable prescription drug coverage are: <ul style="list-style-type: none"> <li>• Individual health insurance</li> <li>• Group health plans for retirees</li> <li>• VA insurance</li> <li>• Tri-care</li> <li>• Indian Health Services</li> </ul> Most Medigap policies do not provide Credible Coverage.

<b>Deemed Eligible</b>	A person who is receiving QMB, SLMB or QI-1 benefits, but is not covered for other AHCCCS medical services (AHCCCS).
<b>Dual Eligible</b>	A person who is receiving AHCCCS medical services (Medicaid) and is entitled to Medicare Part A and/or enrolled in Medicare Part B.
<b>Enrollment</b>	The process of choosing and signing up with a Part D Prescription Drug Plan ( <i>PDP</i> ), a Medicare Special Needs Plan ( <i>SNP</i> ) or a Medicare Advantage-Drug Plan ( <i>MA-PD</i> ).
<b>Enrollment Period</b>	<p>Initial Enrollment Period</p> <ul style="list-style-type: none"> <li>• People who are eligible for Medicare or who become eligible for Medicare by February 2006 will have an Initial Enrollment Period from November 15, 2005 through May 15, 2006 to enroll in a Medicare drug plan.</li> <li>• Ongoing, the initial enrollment period will be three months before the initial entitlement month, the month of entitlement and the three months after the entitlement month</li> </ul> <p>Annual Election Period</p> <ul style="list-style-type: none"> <li>• In 2006 and subsequent years, people who are enrolled with a prescription drug plan will be able to change to a different plan from November 15 through December 31 of each year.</li> </ul> <p>Special Enrollment Period (<i>SEP</i>)</p> <p>Certain events will allow a person to change plans when they occur:</p> <ul style="list-style-type: none"> <li>• A move out of the plan's service area</li> <li>• An involuntary loss of creditable coverage</li> <li>• An entry or departure from a nursing facility</li> </ul> <p>Dual eligibles have a continuous special enrollment period and can change enrollment at any time.</p>
<b>Formulary</b>	A prescription drug plan's formulary is a list of the prescriptions that the plan will cover, if medically necessary. The formulary will list at least one generic and one brand name drug for each drug category, and all or substantially all drugs in 6 special categories. The formulary also lists applicable co-payment amounts. CMS must evaluate and approve each prescription drug plan's formulary.
<b>FPL</b>	<p>Federal Poverty Limit</p> <p>The federal government publishes the Federal Poverty Guideline annually. AHCCCS and many other assistance programs use this guideline to establish the income limits for benefit programs.</p>

<b>LIS</b>	Limited Income Subsidy is a federal program that pays the Medicare prescription drug plan for the eligible person's Part D premiums, deductible and coverage gap, and sets a maximum amount that the plan can charge for co-payments. The SSA refers to this as "Extra Help".
<b>Late Enrollment Penalty</b>	If a person does not enroll with a Part D plan during the <i>initial enrollment period</i> and does not have <i>credible coverage</i> or other good cause, the person will be assessed a higher premium if they enroll later. The late enrollment penalty is 1% of the monthly Part D premium for each month the enrollment is delayed. For example, if the Part D premium is \$37 and a person delays enrollment for one month, a penalty in the amount of 37 cents will be added to the ongoing monthly premium. If a person delays enrollment for ten months, the penalty will be \$3.70 and their ongoing premium will be \$40.70.
<b>MA-DP</b>	A Medicare Advantage plan (previously known as Medicare Choice) that also offers CMS approved Drug Plan benefits.
<b>MMA</b>	The federal Medicare Modernization Act of 2003 that created Part D prescription coverage and the Limited Income Subsidy.
<b>PDP</b>	A Prescription Drug Plan approved to provide Part D benefits by the Center for Medicare and Medicaid Services (CMS). The PDP network of providers must be available throughout the state of Arizona.
<b>SEP</b>	<p>Special Enrollment Period means a time when a person can change to a different prescription drug plan.</p> <p>Dual eligibles can change enrollment to a different plan on a monthly basis. Other people with Part D can only change plans during the annual open enrollment period unless they:</p> <ul style="list-style-type: none"> <li>• Move out of the plan's service area</li> <li>• Involuntarily lose other creditable prescription coverage</li> <li>• Enter, reside in or leave a long-term care facility, or</li> <li>• Other exceptional circumstances</li> </ul>
<b>SNP</b>	<p>Special Need Plan.</p> <p>A Medicare Special Need Plan (SNP) is a Medicare Advantage plan that provides services to people who are receiving AHCCCS medical services (<i>dual eligible</i>).</p>
<b>SSA</b>	<p>The Social Security Administration.</p> <p>The SSA will determine eligibility for the low income subsidy programs and will also do outreach for persons who are potentially eligible for help with the Medicare Part D costs.</p>

# Monthly Income Limits

## Medicare Cost Sharing Programs

	<b>QMB</b>	<b>SLMB</b>	<b>QI - 1</b>
<b>Single Limit</b>	<b>≤ \$798.00</b>	<b>\$798.01 – \$957.00</b>	<b>\$957.01 - \$1077.00</b>
<b>Couple Limit</b>	<b>≤ \$1070.00</b>	<b>\$1070.01 – \$1283.00</b>	<b>\$1283.01 - \$1444.00</b>

## Limited Income Subsidy Program

<b>Household Size</b>	<b>&lt;150% of the FPL</b>
<b>1</b>	<b>\$ 1196.99</b>
<b>2</b>	<b>\$ 1603.99</b>
<b>3</b>	<b>\$ 2011.99</b>
<b>4</b>	<b>\$ 2418.99</b>
<b>5</b>	<b>\$ 2826.99</b>
<b>6</b>	<b>\$ 3233.99</b>
<b>7</b>	<b>\$ 3641.99</b>
<b>8</b>	<b>\$ 4048.99</b>
<b>9</b>	<b>\$ 4456.99</b>
<b>10</b>	<b>\$ 4863.99</b>
<b>11</b>	<b>\$ 5271.99</b>
<b>12</b>	<b>\$ 5678.99</b>

**Part D Voluntary Prescription Drug Benefit Program**

**Benefits and Costs**

for People with Medicare

If the Customer Receives:	Premium Amount	Co-Payments	Deductibles	Coverage Gap												
<b>Medicare &amp; Medicaid</b> <i>(dual eligible).</i>	<b>\$0.00</b>  <i>(unless the person chooses a plan with a premium that exceeds the standard premium).</i>	<b>Income ≤100% FPL</b> ( <b>\$798/\$1070</b> ) <ul style="list-style-type: none"><li>• \$1.00 for generic</li><li>• \$3.00 for brand name</li><li>• No co-pay for costs above \$5,100</li></ul> <b>Income &gt;100%FPL</b> <ul style="list-style-type: none"><li>• \$2.00 for generic</li><li>• \$5.00 for brand name.</li><li>• No co-pay for costs above \$5,100</li></ul> Note: Co-pays reduce to <b>\$0.00</b> for a person in a nursing facility ( <b>NF</b> ) or <b>ICF-MR</b> for the entire month.	<b>None</b>	<b>None</b>												
<ul style="list-style-type: none"><li>• <b>QMB-only</b></li><li>• <b>SLMB, or</b></li><li>• <b>QI</b></li></ul> <i>(Deemed Eligible)</i>	<b>\$0.00</b>  <i>(unless the person chooses a plan with a premium that exceeds the standard premium)</i>	<b>QMB-only</b> <ul style="list-style-type: none"><li>• \$1.00 for generic</li><li>• \$3.00 for brand name</li><li>• No co-pay for costs above \$5,100</li></ul> <b>SLMB or QI</b> <ul style="list-style-type: none"><li>• \$2.00 for generic</li><li>• \$5.00 for brand name</li><li>• No co-pay for costs above \$5,100</li></ul>	<b>None</b>	<b>None</b>												
<b>Medicare &amp; LIS</b> <i>(no Medicaid and no QMB, SLMB or QI)</i> <b>Resources ≤ \$10,000/\$20,000 and Income &lt;150% FPL for the family size:</b> <ul style="list-style-type: none"><li>• 1 – \$1,167</li><li>• 2 – \$1,604</li><li>• 3 – \$2,012</li><li>• 4 – \$2,419</li><li>• 5 – \$2,827</li><li>• 6 – \$3,234</li></ul>	The premium is <b>0% - 100% of the standard premium</b> based on income. <i>For example, if the standard premium is \$37 and the income is:</i>		<b>Income ≤ 135% &amp; Resources ≤ \$6000/\$9000</b>		<b>None.</b>											
						<ul style="list-style-type: none"><li>• \$2.00 for generic</li><li>• \$5.00 for brand name</li><li>• No co-pay for costs above \$5,100</li></ul>	<b>None</b>									
			<b>Higher Income or Resources</b>													
			<ul style="list-style-type: none"><li>• <b>15%</b> of drug costs for first \$5,100 in prescription costs.</li></ul>	<b>\$50.00</b>												
			<b>After \$5,100</b> the co-pays are reduced to \$2.00 for generic and \$5.00 for brand name.													
	<table><tr><th>% of FPL</th><th>Premium</th></tr><tr><td>≤135</td><td>\$ 0.00</td></tr><tr><td>136-140</td><td>\$ 9.25</td></tr><tr><td>141-145</td><td>\$18.50</td></tr><tr><td>146-149%</td><td>\$27.75</td></tr><tr><td>150%</td><td>\$37.00</td></tr></table>	% of FPL	Premium	≤135	\$ 0.00	136-140	\$ 9.25	141-145	\$18.50	146-149%	\$27.75	150%	\$37.00			
% of FPL	Premium															
≤135	\$ 0.00															
136-140	\$ 9.25															
141-145	\$18.50															
146-149%	\$27.75															
150%	\$37.00															
<b>Medicare</b> <i>(Standard Part D costs)</i>  <b>Excess Income (&gt;150% FPL) and/or Excess Resources</b> <ul style="list-style-type: none"><li>• <b>&gt;\$10,000 single</b></li><li>• <b>&gt;\$20,000 couple</b></li></ul>	About <b>\$37.00 monthly</b>  <i>(unless the person choose a plan with a premium that exceeds the standard premium)</i>	<ul style="list-style-type: none"><li>• From \$250.01 to \$2250, <b>25%</b> of the drug costs</li></ul> After \$5,100 co-pays are reduced to <ul style="list-style-type: none"><li>• <b>\$2.00</b> for generics</li><li>• <b>\$5.00</b> for brand name or</li><li>• <b>5%</b> of drug costs, whichever is higher.</li></ul>	<b>\$250.00</b>	All prescription costs <b>from \$2,250.01 through \$5,100.00</b> are the customer's responsibility.												



## Medicare Part D Enrollment and Limited Income Subsidy Contact List

If the customer needs help with....	Then refer the customer to:
<b>Part D Enrollment</b> <ul style="list-style-type: none"> <li>• Available Plans</li> <li>• Plan Comparison</li> <li>• Effective Date of Enrollment</li> <li>• Part D Plan Formularies</li> </ul>	<ul style="list-style-type: none"> <li>• The CMS web site at <a href="http://www.medicare.gov">www.medicare.gov</a></li> <li>• The CMS Phone Bank at 1-800-MEDICARE (633-4227) for information</li> <li>• The State Health Insurance Assistance Program (SHIP) at 1-800-432-4040 or 602-542-4446. TTY users call 602-542-6366.*</li> <li>• Part D Plan Web Sites (Formulary Information not available until October 2005).</li> </ul> <p><i>See County Contacts on following pages for local locations.</i></p>
<b>Help with Part D Costs</b> <ul style="list-style-type: none"> <li>• Limited Income Subsidy</li> <li>• Applying with SSA</li> <li>• Application Form</li> <li>• On-line Application</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security at 1-800-772-1213. TTY users call 1-877-486-2048.</li> <li>• <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>.</li> <li>• AHCCCS</li> <li>• The State Health Insurance Assistance Program (SHIP) at 1-800-432-4040 or 602-542-4446. TTY users call 602-542-6366.</li> </ul> <p><i>See County Contacts on following pages for local locations.</i></p>
<b>Assistance in applying for Medicaid</b>	<ul style="list-style-type: none"> <li>• <b>AHCCCS SSI-MAO Office</b> 1209 E. Washington St. MD 4900 Phoenix, AZ 85034 *Calling from area codes (602, 480 or 623) dial (602) 417-5010 and choose <b>OPTION #3</b> *Calling from area codes (520, 760 or 928) dial <i>toll free</i> <b>1-800-528-0142</b></li> <li>• <b>Department of Economic Security (DES)</b> Call for office location <b>1-800-352-8401 or 602-542-9935</b></li> </ul> <p><i>See County Contacts on following pages for ALTCS local office locations.</i></p>
<b>Assistance in applying for the Medicare Savings Programs (QMB, SLMB or QI-1),</b>	<p>ALTCS local offices or the SSI MAO office.</p> <ul style="list-style-type: none"> <li>• <b>AHCCCS SSI-MAO Office</b> 1209 E. Washington St. MD 4900 Phoenix, AZ 85034 *Calling from area codes (602, 480 or 623) dial (602) 417-5010 and choose <b>OPTION #3</b> *Calling from area codes (520, 760 or 928) dial <i>toll free</i> <b>1-800-528-0142</b></li> </ul> <p><i>See County Contacts for ALTCS local office locations.</i></p>

## County Contacts

<b>APACHE</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<u><b>Flagstaff</b></u> 1585 S. Plaza Way, Suite 130 Flagstaff, AZ 86001-7156 928-774-0021 800-772-1213	<u><b>Flagstaff</b></u> NACOG 119 E. Aspen Ave. Flagstaff, AZ 86001 928-774-1895 877-521-3500  <u><b>Navajo Nation</b></u> Navajo Aging Service Dept. PO Box 1390 Window Rock, AZ 86515 928-871-6783	<u><b>Chinle</b></u> DCI Shopping Center US Highway 191 PO Box 1942 Chinle, AZ 86503 520-674-5439

<b>COCHISE</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<u><b>Douglas</b></u> 600 E. 15 <sup>th</sup> Street Douglas, AZ 85607-1925 520-364-1241	<u><b>Douglas</b></u> 600 E. 15 <sup>th</sup> Street Douglas, AZ 85607-1925 520-364-1241  <u><b>Sierra Vista</b></u> VICAP PO Box 3004 Sierra Vista, AZ 85636 520-459-8146	<u><b>Sierra Vista</b></u> 484 E. Wilcox Drive Sierra Vista, AZ 85635 520-459-7050 ( <i>area codes 520, 760 or 928</i> ) 1-888-782-5827 ( <i>area codes 602, 480 or 623</i> )

<b>COCONINO</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<u><b>Flagstaff</b></u> 1585 S. Plaza Way, Suite 130 Flagstaff, AZ 86001-7156 928-774-0021 800-772-1213	<u><b>Flagstaff</b></u> NACOG 119 E. Aspen Ave. Flagstaff, AZ 86001 928-774-1895	<u><b>Flagstaff</b></u> 3480 E. Route 66 Flagstaff, AZ 86004 928-527-4104 1-800-540-5042

<b>GILA</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<u><b>Globe/Miami</b></u> Chaparral Plaza, Suite, 102 2105 US Highway 60 Miami, AZ 85539-9753 928-425-7131	<u><b>Casa Grande</b></u> Pinal-Gila Council for Senior Citizens 1895 N. Trekell Rd, Suite 2 Casa Grande, AZ 85222-1704 520-836-2758 800-293-9393	<u><b>Globe/Miami</b></u> Cobra Valle Plaza 2250 Highway 60 Suite H Miami, AZ 85539-9700 928-425-3165 ( <i>area codes 520, 720 and 928</i> ) 888-425-3165 ( <i>area codes 602, 480, 623</i> )

<b>GRAHAM</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<u><b>Safford</b></u> 616 S. 8 <sup>th</sup> Ave. Safford, AZ 85546-2836 928-428-5303 800-772-1213	<u><b>Sierra Vista</b></u> VICAP PO Box 3004 Sierra Vista, AZ 85636 520-459-8146	<u><b>Sierra Vista</b></u> 484 E. Wilcox Drive Sierra Vista, AZ 85635 520-459-7050 ( <i>area codes 520, 760 or 928</i> ) 1-888-782-5827( <i>area codes 602,480 or 623</i> )

<b>GREENLEE</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<u><b>Safford</b></u> 616 S. 8 <sup>th</sup> Ave. Safford, AZ 85546-2836 928-428-5303 800-772-1213	<u><b>Sierra Vista</b></u> VICAP PO Box 3004 Sierra Vista, AZ 85636 520-459-8146	<u><b>Sierra Vista</b></u> 484 E. Wilcox Drive Sierra Vista, AZ 85635 520-459-7050 520-459-7050 ( <i>area codes 520, 760 or 928</i> ) 1-888-782-5827( <i>area codes 602,480 or 623</i> )

<b>LA PAZ</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<u><b>Yuma</b></u> 1235 S. Redondo Center Drive Yuma, AZ 85365 928-782-4014	<u><b>Yuma</b></u> WACOG 224 S. Third Ave. Yuma, AZ 85364 928-782-1886	<u><b>Yuma</b></u> 3850 W. 16 <sup>th</sup> St. Suite B Yuma, AZ 85364 928-782-0776

<b>MARICOPA</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<p><b><u>Mesa</u></b> 1801 S. Extension Mesa, AZ 85210-5992 480-649-0002</p> <p><b><u>Phoenix</u></b> 16241 N. Tatum Blvd. Phoenix, AZ 85020-85032 602-569-8797</p> <p><b><u>Phoenix</u></b> 1122 N. 7<sup>th</sup> St. Suite 100 Phoenix, AZ 85006-2781 602-379-4044</p> <p><b><u>Scottsdale</u></b> <b>By Appt. Only</b> 3200 N. Hayden Rd., Suite B120 Scottsdale, AZ 85251-6653 480-445-0405</p> <p><b><u>Glendale</u></b> 5907 W. Kings Ave Glendale, AZ 85306 623-298-4129</p>	<p><b><u>Phoenix</u></b> Area Agency on Aging, Region I 1366 E. Thomas Rd. #108 Phoenix, AZ 85015 602-264-2255 1-888-783-7500</p>	<p><b><u>Glendale</u></b> 2830 W. Glendale Ave. Suites 34 Glendale Az 85051 602-417-6000</p> <p><b><u>Phoenix South</u></b> 700 E. Jefferson Street Phoenix, AZ 85034 602-417-6600</p> <p><b><u>Mesa</u></b> 4670 N. Mesa Drive, Suite 101 Mesa, AZ 85201 602-417-6400 (<i>area codes 602, 480 or 623</i>) 1-800-528-0142 (<i>area codes 520, 760 or 928</i>)</p>

<b>MOHAVE</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<p><b><u>Yuma</u></b> 1235 S. Redondo Center Dr. Yuma, AZ 85365 928-782-4014</p>	<p><b><u>Kingman</u></b> WACOG 208 N. 4<sup>th</sup> St. Kingman, AZ 86401 928-753-6247</p>	<p><b><u>Kingman</u></b> 519 East Beale Street Suite 150 Kingman, AZ 86401 928-753-2828 1-888-300-8348</p> <p><b><u>Lake Havasu City</u></b> 285 S. Lake Havasu Ave. Lake Havasu, City, AZ 86403 928-453-5100</p>

<b>NAVAJO</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<p><b><u>Flagstaff</u></b> 1585 S. Plaza Way, Suite 130 Flagstaff, AZ 86001-7156 928-774-0021 800-772-1213</p> <p><b><u>Show Low</u></b> 2500 East Cooley Street Suite 407 Show Low, AZ 85901 928-537-0612</p>	<p><b><u>Flagstaff</u></b> NACOG 119 E. Aspen Ave. Flagstaff, AZ 86001 520-774-1895</p> <p><b><u>Navajo Nation</u></b> Navajo Aging Service Dept. PO Box 1390 Window Rock, AZ 86515 928-871-6783</p>	<p><b><u>Show Low</u></b> 580 E. Old Linden Rd., Suite 3 Show Low, AZ 85901 520-537-1515 1-877-537-1515</p>

<b>PIMA</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS/SSI MAO Office</b>
<p><b><u>Tucson</u></b> 3500 North Campbell Ave Tucson, AZ 85719—3555 520-321-1167</p> <p><b><u>Tucson</u></b> 2716 S. Sixth Ave South Tucson, AZ 85713-4796 520-670-5880</p> <p><b><u>Sells</u></b> SSA Trailer at PHS/HIS Hosp. Main Road, Sells, AZ 85634 520-383-3343</p>	<p><b><u>Tucson</u></b> Pima Council on Aging 8647 E. Broadway Blvd., #C104 Tucson, AZ 85710 520-790-7262</p>	<p><b><u>Tucson</u></b> 110 South Church Ave., Suite 5132 Tucson, AZ 85701 520-205-8600 1-800-824-2656</p>

<b>PINAL</b>		
<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<p><b><u>Casa Grande</u></b> 501 N. Marshall St. Casa Grande, AZ 85222-4654 520-836-4887</p>	<p><b><u>Casa Grande</u></b> Pinal-Gila Council for Senior Citizens 1895 N. Trell Rd, Suite 2 Casa Grande, AZ 85222-1704 520-836-2758 800-293-9393</p>	<p><b><u>Casa Grande</u></b> 500 N. Florence St Casa Grande, AZ 85222 520-421-1500</p>

**SANTA CRUZ**

<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<b><u>Nogales</u></b> 441-9 N. Grand Ave. Nogales, AZ 85621 520-287-6123	<b><u>Sierra Vista</u></b> VICAP PO Box 3004 Sierra Vista, AZ 85636 520-459-8146	<b><u>Sierra Vista</u></b> 484 E. Wilcox Drive Sierra Vista, AZ 85635 520-459-7050 ( <i>area codes 520, 760 or 928</i> ) 1-888-782-5827( <i>area codes 602,480 or 623</i> )

**YAVAPAI**

<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<b><u>Prescott</u></b> 205 N. Marina St. Prescott, AZ 86301 928-541-1728	<b><u>Flagstaff</u></b> NACOG 119 E. Aspen Ave. Flagstaff, AZ 86001 928-774-1895 1-877-521-3500	<b><u>Cottonwood</u></b> One North Main Street Cottonwood, AZ 86326 928-634-8101  <b><u>Prescott</u></b> 1570 Willow Creek Road Prescott, AZ 86301 928-778-3968 1-888-778-5600

**YUMA**

<b>Social Security</b>	<b>State Health Insurance Program (SHIP)</b>	<b>ALTCS Office</b>
<b><u>Yuma</u></b> 1235 S. Redondo Ctr. Dr Yuma, AZ 85365 928-782-4014	<b><u>Yuma</u></b> WACOG 224 S. Third Ave. Yuma, AZ 85364 928-782-1886	<b><u>Yuma</u></b> 3850 W. 16 <sup>th</sup> St. Suite B Yuma, AZ 85364 928-782-0776

## Calendar of Events

### Medicare Prescription Drug Benefit (Part D)

<b>Date</b>	<b>Activity</b>
<b>May – August 2005</b>	<p>Social Security Administration (SSA) mails applications to people with Medicare who may be eligible for extra help paying for Medicare Prescription Drug Benefit Plan costs. An estimated 363,000 people with Medicare in Arizona will receive this mailing.</p> <p>People who have AHCCCS medical services and people who have QMB, SLMB or QI will be excluded from this mailing.</p>
<b>June 2005</b>	Centers for Medicare & Medicaid Services (CMS) mails notices to people with Medicare and AHCCCS or Medicare cost Sharing who will automatically qualify for the extra help paying for Medicare prescription drug plan costs. These are the dual and deemed eligibles.
<b>July 1, 2005</b>	<p>Social security online application for extra help paying for Medicare Prescription Drug Benefit Plan costs is available at <a href="http://www.socialsecurity.gov">www.socialsecurity.gov</a>.</p> <p>Social Security begins processing applications for extra help paying for Medicare Prescription drug Benefit costs and issues notices to beneficiaries.</p>
<b>September 2005</b>	CMS mails “Medicare & You” handbooks to all Medicare beneficiaries.
<b>September 1 – November 15, 2005</b>	Other insurance plans that have prescription coverage and Medicare supplemental plans that provide any prescription drug benefits will mail notices to beneficiaries in their plans. The notice will inform the beneficiary if their prescription coverage is or is not “creditable”.
<b>September 2005</b>	CMS announces the Medicare prescription drug plans that will be available in Arizona.
<b>October 1, 2005</b>	Medicare prescription drug plans begin marketing their plans.
<b>Mid October 2005</b>	CMS launches the Online Enrollment Center for Drug Coverage.
<b>October 15, 2005</b>	Medicare Advantage plans issue “Annual Notice of Change” to enrollees and promote their Medicare Advantage-Prescription Drug plan, if applicable
<b>October 2005</b>	CMS notifies <b>dual eligibles</b> of the prescription drug plan that will provide their drug coverage if they do not choose a plan by the end of the year. Part D Formularies available.

## Calendar of Events

### Medicare Prescription Drug Benefit (Part D)

<b>November 15, 2005 – May 15 2006</b>	Initial enrollment period for Medicare Prescription Drug Benefit for people who have QMB, SLMB or QI –1 and others who do not have AHCCCS medical services.
<b>January 1, 2006</b>	Medicare Prescription Drug Benefit begins.
<b>April 2006</b>	CMS mails enrollment reminder notices to people with Medicare that have not enrolled in the Medicare Prescription Drug Benefit.
<b>May 2006</b>	Initial enrollment period for the Medicare Prescription Drug Benefit ends.
	CMS will notify people with QMB, SLMB, QI or LIS of the prescription drug plan that will provide their drug coverage if they have not already chosen a plan.
<b>May 16, 2006</b>	Beneficiaries who did not enroll in the Medicare Prescription Drug Benefit and do not have “ creditable coverage” may be subject to a higher premium.